

Fill in this information to identify your case:

Debtor 1 Roland W. Tremblay Jr.

Debtor 2 Lisa J. Tremblay
(Spouse, if filing)

United States Bankruptcy Court for the District of Massachusetts

Case number _____
(If known)

Check if this is:

☐ An amended filing

Chapter you are filing under:

☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a *joint case*--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

About Debtor 1:

Roland

First name

W.

Middle name

Tremblay

Last name

Jr.

Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Lisa

First name

J.

Middle name

Tremblay

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years.

Include your married or maiden names.

Roland

First name

Wilfred

Middle name

Tremblay

Last name

Jr.

Suffix (Sr., Jr., II, III)

Roland

First name

Middle name

Tremblay

Last name

Suffix (Sr., Jr., II, III)

Lisa

First name

Middle name

Sealey

Last name

Suffix (Sr., Jr., II, III)

N/A

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

XXX-XX-4437

XXX-XX-2708

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years.

Include trade names and doing business as names.

☒ I have not used any business names or EINs

N/A

Business name

N/A

Business name

47-3965656

EIN

N/A

EIN

☒ I have not used any business names or EINs

N/A

Business name

N/A

Business name

N/A

EIN

N/A

EIN

5. Where you live

32 Crestwood Dr.

Number Street

Southbridge MA 01550

City, State, Zip Code

Worcester

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

N/A

Number Street

City, State, Zip Code

If Debtor 2 lives at a different address:

Same

Number Street

Same

Same Same

City, State, Zip Code

Worcester

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

N/A

Number Street

City, State, Zip Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

N/A

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

N/A

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form B2010)). Also, go to the top of page 1 and check the appropriate box.*

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

8. How you will pay the fee ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay Your Filing Fee in Installments* (Official Form 103A).

☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years? ☒ No

☐ Yes District N/A When _____ Case number _____
MM/DD/YYYY

District N/A When _____ Case number _____
MM/DD/YYYY

District N/A When _____ Case number _____
MM/DD/YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? ☒ No

☐ Yes Debtor N/A Relationship _____

District _____ When _____ Case number _____
MM/DD/YYYY

Debtor N/A Relationship _____

District _____ When _____ Case number _____
MM/DD/YYYY

11. Do you rent your residence? ☒ No. Go to line 12.

☐ Yes. Has your landlord obtained an eviction judgment against you?

☐ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor

- 12. Are you a sole proprietor of any full- or part-time business?** ☒ No. Go to Part 4.

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

- 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?** ☒ No. ☐ Yes.

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

- 15. Tell the court whether you have received briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
- Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
- Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

About Debtor 1:

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

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- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	<p>16a. Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."</p> <p><input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.</p> <p>16b. Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.</p> <p><input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.</p> <p>16c. State the type of debts you owe that are not consumer debts or business debts: N/A</p>												
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<p><input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.</p> <p><input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?</p> <p><input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes.</p>												
18. How many creditors do you estimate that you owe?	<table border="0"> <tr> <td><input type="checkbox"/> 1-49</td> <td><input type="checkbox"/> 1,000 - 5,000</td> <td><input type="checkbox"/> 25,001 - 50,000</td> </tr> <tr> <td><input checked="" type="checkbox"/> 50-99</td> <td><input type="checkbox"/> 5,001 - 10,000</td> <td><input type="checkbox"/> 50,001 - 100,000</td> </tr> <tr> <td><input type="checkbox"/> 100-199</td> <td><input type="checkbox"/> 10,001 - 25,000</td> <td><input type="checkbox"/> More than 100,000</td> </tr> <tr> <td><input type="checkbox"/> 200-999</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000 - 5,000	<input type="checkbox"/> 25,001 - 50,000	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 5,001 - 10,000	<input type="checkbox"/> 50,001 - 100,000	<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001 - 25,000	<input type="checkbox"/> More than 100,000	<input type="checkbox"/> 200-999		
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<input type="checkbox"/> 200-999													
19. How much do you estimate your assets to be worth?	<table border="0"> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> </tr> <tr> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$1,000,000,001 to \$10 billion</td> </tr> <tr> <td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td> <td><input type="checkbox"/> \$50,000,001, to \$100 million</td> <td><input type="checkbox"/> \$10,000,000,001 to \$50 billion</td> </tr> <tr> <td><input type="checkbox"/> \$500,001 to \$1 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> More than \$50 billion</td> </tr> </table>	<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$1,000,000,001 to \$10 billion	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$50,000,001, to \$100 million	<input type="checkbox"/> \$10,000,000,001 to \$50 billion	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> More than \$50 billion
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20. How much do you estimate your liabilities to be?	<table border="0"> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> </tr> <tr> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$1,000,000,001 to \$10 billion</td> </tr> <tr> <td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td> <td><input type="checkbox"/> \$50,000,001, to \$100 million</td> <td><input type="checkbox"/> \$10,000,000,001 to \$50 billion</td> </tr> <tr> <td><input type="checkbox"/> \$500,001 to \$1 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> More than \$50 billion</td> </tr> </table>	<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$1,000,000,001 to \$10 billion	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$50,000,001, to \$100 million	<input type="checkbox"/> \$10,000,000,001 to \$50 billion	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> More than \$50 billion
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Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Roland W. Tremblay Jr.

Debtor 1

03/11/2019

MM/DD/YYYY

/s/ Lisa J. Tremblay

Debtor 2

03/11/2019

MM/DD/YYYY

For your attorney, if you are represented by one

Note that BkAssist is licensed for use only by attorneys. If you are not represented by an attorney, you may not file this petition.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Ginger B. Kelly, Esq.

Attorney for Debtor(s)

03/11/2019

MM/DD/YYYY

Ginger B. Kelly, Esq.

Printed name

The Law Offices of Ginger B. Kelly

Firm name

167 Carpenter Hill Road

Number Street

Charlton MA 01507

City, State, ZIP Code

(508) 784-1014

Contact phone

568727

Bar number

AttorneyGingerKelly@gmail.com

Email address

Fill in this information to identify your case:

Debtor 1 Roland W. Tremblay Jr.

Debtor 2 Lisa J. Tremblay
(Spouse, if filing)

United States Bankruptcy Court for the District of Massachusetts

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106Sum
Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	<u>\$199,000.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	<u>\$26,339.82</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	<u>\$225,339.82</u>

Part 2: Summarize Your Liabilities

	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	<u>\$192,103.00</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	<u>\$0.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	<u>\$257,823.54</u>
Your total liabilities	<u>\$449,926.54</u>

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i>	<u>\$5,914.41</u>
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22, Column A, of <i>Schedule J</i>	<u>\$5,618.53</u>

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?
☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☒ Yes

7. What kind of debt do you have?
☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9 for statistical purposes. 28 U.S.C. § 159.
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income (Official Form 122A-1, 122B, or 122C-1):
Copy your total current monthly income from line 11..... \$6,553.60

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.).....	<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.).....	<u>\$0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.).....	<u>\$0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.).....	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.).....	<u>\$0.00</u>
9g. Total. Add lines 9a through 9f.....	<u>\$0.00</u>

Fill in this information to identify your case:

Debtor 1 Roland W. Tremblay Jr.
 Debtor 2 Lisa J. Tremblay
 (Spouse, if filing)
 United States Bankruptcy Court for the District of Massachusetts
 Case number _____
 (If known)

☐ Check if this is an amended filing

Official Form 106A/B Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land or Other Real Estate You Own or Have an Interest in

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
☒ Yes. Where is the property?

1.1 32 Crestwood Dr.
 Street address, if available, or other description
Southbridge MA 01550
 City, State, ZIP Code
Worcester
 County

What is the property? Check all that apply

- ☒ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other
N/A

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$199,000.00	\$199,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Interest in Primary Residence with Spouse

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.

\$199,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No.
☒ Yes.

3.1 Make: Dodge Who has an interest in the property? Check one
 Model: Caravan ☒ Debtor 1 only
 Year: 2015 ☐ Debtor 2 only
 Approximate mileage: 45,000 ☐ Debtor 1 and Debtor 2 only
 Other information: ☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?	Current value of the portion you own?
\$12,213.00	\$12,213.00

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**
 Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No.
☐ Yes.

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

\$12,213.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items? (List the current value of the portion you own. Do not deduct secured claims or exemptions)

6. **Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No
☒ Yes (Household Furnishings \$1,000.00, J); (Washer-Dryer Necessary for Household Use \$300.00, J); (Range \$100.00, J); (Refrigerator \$100.00, J)..... \$1,500.00

7. **Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No
☒ Yes (Laptop Computer \$50.00, D1); (Desktop Computer \$100.00, D1); (Laptop Computer \$50.00, D2)..... \$200.00

8. **Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No
☐ Yes

9. **Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No
☐ Yes

10. **Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☐ No
☒ Yes (Firearms \$500.00, J)..... \$500.00

11. **Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No
☒ Yes (Clothing \$750.00, J)..... \$750.00

12. **Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☒ No
☐ Yes

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No
☐ Yes

14. Any other personal and household items you did not already list, including any health aids you did not list

☐ No
☒ Yes (Pellet Stove - Heating Unit \$1,000.00, J); (Tools, Necessary for Maintenance of Home; i.e., Lawnmower, String trimmer, Blower, Generator, Snowblower \$400.00, J); (Cellphones \$200.00, J); (Food \$200.00, J) **\$1,800.00**

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here **\$4,750.00**

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following? (List the current value of the portion you own. Do not deduct secured claims or exemptions)

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No
☒ Yes **Cash on Hand \$40.00 (J)** **\$40.00**

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No
☒ Yes **Santander Checking Account XXXXXXXX7564 \$1,842.99 (D1)** **\$1,842.99**
Santander Checking Account No XXXXXXXX9747 \$839.84 (D2) **\$839.84**
Santander Savings Account No XXXXXXXX5835 \$5.00 (D1) **\$5.00**
Checking Account (Disabled Adult Child Account) Account No XXXXXXXX9739 \$882.99 (J) **\$882.99**

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No
☐ Yes

\$0.00

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No
☐ Yes

\$0.00

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No
☐ Yes

\$0.00

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No
☐ Yes **\$0.00**

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company.
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No
☐ Yes **\$0.00**

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No
☐ Yes **\$0.00**

24. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified state tuition plan as defined in 26 U.S.C. § 529(b)(1).

☒ No
☐ Yes **\$0.00**

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No
☐ Yes **\$0.00**

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No
☐ Yes **\$0.00**

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No
☐ Yes **\$0.00**

28. Tax refunds owed to you

Give specific information about them, including whether you already filed the returns and the tax years

☐ No
☒ Yes **2018 Fed Tax Refund \$3,632.00 [2018] (J)** **\$3,632.00**
2018 MA Tax Refund \$1,794.00 [2018] (J) **\$1,794.00**

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No
☐ Yes **\$0.00**

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No
☐ Yes **\$0.00**

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance. Name the insurance company of each policy and the beneficiary, and list its value

☒ No
☐ Yes **\$0.00**

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No
☐ Yes **\$0.00**

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☐ No
☒ Yes **04CR40010 (Restitution criminal matter) UNKNOWN (J)**..... **UNKNOWN**

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☒ No
☐ Yes **\$0.00**

35. Any financial assets you did not already list

☒ No
☐ Yes **\$0.00**

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

\$9,036.82

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☒ No. Go to part 6.
☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to part 7.
☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☐ No
☒ Yes **Pool \$140.00 (J)** **\$140.00**
Hot Tub \$200.00 (J)..... **\$200.00**

54. Add the dollar value of all of your entries from Part 7, including any entries for pages you have attached for Part 7. Write that number here

\$340.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 **\$199,000.00**
56. Part 2: Total vehicles, line 5..... **\$12,213.00**
57. Part 3: Total personal and household items, line 15..... **\$4,750.00**
58. Part 4: Total financial assets, line 36 **\$9,036.82**
59. Part 5: Total business-related property, line 45.....

60. Part 6: Total farm- and fishing-related property, line 52		
61. Part 7: Total other property not listed, line 54	\$340.00	
62. Total personal property. Add lines 56 through 61.....		\$26,339.82
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$225,339.82

Fill in this information to identify your case:

Debtor 1 Roland W. Tremblay Jr.

Debtor 2 Lisa J. Tremblay
(Spouse, if filing)

United States Bankruptcy Court for the District of Massachusetts

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming Massachusetts Exemptions (04/07/2011) and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <i>Copy the value from Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption</i>	Specific laws that allow exemption
32 Crestwood Drive, Southbridge, MA 01550 (Line 1)	\$199,000.00	<input checked="" type="checkbox"/> \$125,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. L. c. 235, § 34, Fourteenth; c. 188, § 4
2015 Dodge Caravan (Line 3)	\$12,213.00	<input checked="" type="checkbox"/> \$1.00 + \$4,713.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. L. c. 235, § 34, Sixteenth and Mass. Gen. L. c. 235, § 34, Seventeenth
Household Furnishings (Line 6)	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. L. c. 235, § 34, Second
Range (Line 6)	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. L. c. 235, § 34, First
Refrigerator (Line 6)	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. L. c. 235, § 34, First
Washer-Dryer Necessary for Household Use (Line 6)	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. L. c. 235, § 34, Second

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <i>Copy the value from Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption</i>	Specific laws that allow exemption
Desktop Computer (Line 7)	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. L. c. 235, § 34, Twelfth
Laptop Computer (Line 7)	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. L. c. 235, § 34, Twelfth
Laptop Computer (Line 7)	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. L. c. 235, § 34, Twelfth
Firearms (Line 10)	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. L. c. 235, § 34, Seventeenth
Clothing (Line 11)	\$750.00	<input checked="" type="checkbox"/> \$750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. L. c. 235, § 34, First
Cellphones (Line 14)	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. L. c. 235, § 34, Second
Food (Line 14)	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. L. c. 235, § 34, Seventh
Pellet Stove - Heating Unit (Line 14)	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. L. c. 235, § 34, First
Tools, Necessary for Maintenance of Home; i.e., Lawnmower, String trimmer, Blower, Generator, Snowblower (Line 14)	\$400.00	<input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. L. c. 235, § 34, Seventeenth
Cash on Hand (Line 16)	\$40.00	<input checked="" type="checkbox"/> \$40.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. L. c. 235, § 34, Fifteenth & c. 246, § 28A
Checking Account (Disabled Adult Child Account) Account No XXXXXXXX9739 (Line 17)	\$882.99	<input checked="" type="checkbox"/> \$882.99 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. L. c. 235, § 34, Fifteenth & c. 246, § 28A
Santander Checking Account No XXXXXXXX9747 (Line 17)	\$839.84	<input checked="" type="checkbox"/> \$839.84 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. L. c. 235, § 34, Fifteenth & c. 246, § 28A
Santander Checking Account XXXXXXXX7564 (Line 17)	\$1,842.99	<input checked="" type="checkbox"/> \$1,842.99 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. L. c. 235, § 34, Fifteenth & c. 246, § 28A
Santander Savings Account No XXXXXXXX5835 (Line 17)	\$5.00	<input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. L. c. 235, § 34, Fifteenth & c. 246, § 28A
2018 Fed Tax Refund (Line 28)	\$3,632.00	<input checked="" type="checkbox"/> \$3,632.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. L. c. 235, § 34, Fifteenth & c. 246, § 28A
2018 MA Tax Refund (Line 28)	\$1,794.00	<input checked="" type="checkbox"/> \$1,794.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. L. c. 235, § 34, Fifteenth & c. 246, § 28A
04CR40010 (Restitution criminal matter) (Line 33)	UNKNOWN	<input checked="" type="checkbox"/> \$6,047.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. L. c. 235, § 34, Seventeenth

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <i>Copy the value from Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption</i>	Specific laws that allow exemption
Hot Tub (Line 53)	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. L. c. 235, § 34, Seventeenth
Pool (Line 53)	\$140.00	<input checked="" type="checkbox"/> \$140.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. L. c. 235, § 34, Seventeenth
Total	\$225,339.82	\$149,887.82	

3. Are you claiming a homestead exemption of more than \$160,375.00?

(Subject to adjustment on 04/01/2019 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

Fill in this information to identify your case:

Debtor 1 Roland W. Tremblay Jr.

Debtor 2 Lisa J. Tremblay
(Spouse, if filing)

United States Bankruptcy Court for the District of Massachusetts

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of the collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
2.1 Guilford Mortgage Company Creditor's Name P.O. Box 85304 Number Street San Diego CA 92186 City, State, ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred: 10/2015	Describe the property that secures the claim: 32 Crestwood Drive, Southbridge, MA 01550 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) Last 4 digits of account number: -8845	\$177,403.00	\$199,000.00
2.2 Workers Credit Union Creditor's Name 815 Main St Number Street Fitchburg MA 01420 City, State, ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred: 01/2017	Describe the property that secures the claim: 2015 Dodge Caravan As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) Last 4 digits of account number: -7694	\$14,700.00	\$12,213.00
Add the dollar value of your entries in Column A. Write that number here:		\$192,103.00	

Part 2:

List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

1	On which line in Part 1 did you enter the creditor? <u>2.2</u>
Workers Credit Union	
<small>Creditor's Name</small>	
Tracey B Harding, Esq.	Last 4 digits of account number:
<small>Number Street</small>	
21 Park Street	
<small>City, State, ZIP Code</small>	
Ayer MA 01432	

Fill in this information to identify your case:

Debtor 1 Roland W. Tremblay Jr.
Debtor 2 Lisa J. Tremblay
(Spouse, if filing)
United States Bankruptcy Court for the District of Massachusetts
Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?
☒ No. Go to Part 2.
☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?
☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes.
4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1
At T Directv
Nonpriority Creditor's Name
PO Box 57547
Number Street

Jacksonville FL 32241

City, State, ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number: -8887

\$249.00

When was the debt incurred: 05/2018

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Collection Account**

	Total claim
<div><div>4.2</div><div><div>AtT Mobility</div><div>Nonpriority Creditor's Name</div><div>Sunrise Credit Srvc</div><div>Number Street</div><div>260 Airport Plaza</div><div>Farmingdale NY 11735</div><div>City, State, ZIP Code</div><div>Who incurred the debt? Check one.</div><div><div><input checked="" type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim is for a community debt</div><div>Is the claim subject to offset?</div><div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div></div></div> <div><div>Last 4 digits of account number: -7484</div><div>When was the debt incurred: 06/18/2018</div><div>As of the date you file, the claim is: Check all that apply</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div>Type of NONPRIORITY unsecured claim:</div><div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify Utility</div></div></div>	

\$525.95

	Total claim
<div><div><div>4.6</div><div>Capital One</div><div>Nonpriority Creditor's Name</div><div>Attn: Bankruptcy</div><div>Number Street</div><div>P.O. Box 30285</div><div>Salt Lake City UT 84130</div><div>City, State, ZIP Code</div><div>Who incurred the debt? Check one.</div><div><div><input checked="" type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim is for a community debt</div></div><div>Is the claim subject to offset?</div><div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div><div><div>Last 4 digits of account number: -0824</div><div>When was the debt incurred: 05/2014</div><div>As of the date you file, the claim is: Check all that apply</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div>Type of NONPRIORITY unsecured claim:</div><div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify CreditCard</div></div></div></div> <div>\$158.00</div>	
<div><div><div>4.7</div><div>Capital One</div><div>Nonpriority Creditor's Name</div><div>Attn: Bankruptcy</div><div>Number Street</div><div>P.O. Box 30285</div><div>Salt Lake City UT 84130</div><div>City, State, ZIP Code</div><div>Who incurred the debt? Check one.</div><div><div><input type="checkbox"/> Debtor 1 only</div><div><input checked="" type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim is for a community debt</div></div><div>Is the claim subject to offset?</div><div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div><div><div>Last 4 digits of account number: -3341</div><div>When was the debt incurred: 05/2017</div><div>As of the date you file, the claim is: Check all that apply</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div>Type of NONPRIORITY unsecured claim:</div><div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify Credit Card</div></div></div></div> <div>\$291.00</div>	
<div><div><div>4.8</div><div>Capital One Bank USA NA</div><div>Nonpriority Creditor's Name</div><div>PO Box 30281</div><div>Number Street</div><div>Salt Lake City UT 84130</div><div>City, State, ZIP Code</div><div>Who incurred the debt? Check one.</div><div><div><input checked="" type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim is for a community debt</div></div><div>Is the claim subject to offset?</div><div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div><div><div>Last 4 digits of account number: -7036</div><div>When was the debt incurred: UNKNOWN</div><div>As of the date you file, the claim is: Check all that apply</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div>Type of NONPRIORITY unsecured claim:</div><div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify Credit Card</div></div></div></div> <div>\$5,016.11</div>	
<div><div><div>4.9</div><div>Capital One Bank USA NA</div><div>Nonpriority Creditor's Name</div><div>PO Box 30281</div><div>Number Street</div><div>Salt Lake City UT 84130</div><div>City, State, ZIP Code</div><div>Who incurred the debt? Check one.</div><div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim is for a community debt</div></div><div>Is the claim subject to offset?</div><div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div><div><div>Last 4 digits of account number: -6269</div><div>When was the debt incurred: UNKNOWN</div><div>As of the date you file, the claim is: Check all that apply</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div>Type of NONPRIORITY unsecured claim:</div><div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify Credit Card</div></div></div></div> <div>\$543.02</div>	

		Total claim
4.10 Capital One Bank USA NA Nonpriority Creditor's Name PO Box 30281 Number Street	Last 4 digits of account number: -4087 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$178.10
4.11 Charles Tuite Nonpriority Creditor's Name PO Box 543 Number Street	Last 4 digits of account number: -NOWN When was the debt incurred: 11/24/2017 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Other - Small Claim Judgement	\$1,002.39
4.12 Collection Nonpriority Creditor's Name 476 W Vermont Ave Number Street	Last 4 digits of account number: -3927 When was the debt incurred: 12/2014 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify FactoringCompanyAccount	\$208.00
4.13 Collection Nonpriority Creditor's Name 476 W Vermont Ave Number Street	Last 4 digits of account number: -3875 When was the debt incurred: 12/2014 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify FactoringCompanyAccount	\$463.00

	Total claim
<div><div><div>4.14</div><div>Commonwealth of Mass</div><div>Nonpriority Creditor's Name</div><div>Dpt. of Unemplmt Assistance</div><div>Number Street</div><div>19 Standard St.</div><div>Boston MA 02114</div><div>City, State, ZIP Code</div><div>Who incurred the debt? Check one.</div><div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim is for a community debt</div><div>Is the claim subject to offset?</div><div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div></div><div><div>Last 4 digits of account number: -7385</div><div>When was the debt incurred: UNKNOWN</div><div>As of the date you file, the claim is: Check all that apply</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div>Type of NONPRIORITY unsecured claim:</div><div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify UI and WTF, Interest and Penalties</div></div></div></div>	

\$5,710.50

	Total claim
<p>4.18</p> <p><u>Dr. Bruce S. Fieldman</u></p> <p>Nonpriority Creditor's Name</p> <p><u>48 Auburn St.</u></p> <p>Number Street</p> <p><u>Auburn MA 01501</u></p> <p>City, State, ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number: \$495.62</p> <p>When was the debt incurred: UNKNOWN</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Other - Small Claim Judgment</p>
<p>4.19</p> <p><u>Emily Montalvo</u></p> <p>Nonpriority Creditor's Name</p> <p><u>c/o Sebastian Korth, Esq.</u></p> <p>Number Street</p> <p><u>12 Maples Street</u></p> <p><u>Ludlow MA 01056</u></p> <p>City, State, ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number: -NOWN \$8,094.33</p> <p>When was the debt incurred: 11/06/2018</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Other - Civil Claims Execution on Judgment</p>
<p>4.20</p> <p><u>Everest Bus. Funding</u></p> <p>Nonpriority Creditor's Name</p> <p><u>GreenbergGrant&Richards</u></p> <p>Number Street</p> <p><u>PO Box 571811</u></p> <p><u>Houston TX 77257</u></p> <p>City, State, ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number: -4555 \$21,280.00</p> <p>When was the debt incurred: UNKNOWN</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Collection Account</p>
<p>4.21</p> <p><u>First Premier Bank</u></p> <p>Nonpriority Creditor's Name</p> <p><u>3820 N Louise Ave</u></p> <p>Number Street</p> <p><u>Sioux Falls SD 57107</u></p> <p>City, State, ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number: -6916 \$704.00</p> <p>When was the debt incurred: 07/2011</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify CreditCard</p>

		Total claim
4.22 First Premier Bank <hr/> Nonpriority Creditor's Name Attn: Bankruptcy <hr/> Number Street PO Box 5524 <hr/> Sioux Falls SD 57117 <hr/> City, State, ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -5781 When was the debt incurred: 10/2017 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$338.00
4.23 Ford Motor Credit Co <hr/> Nonpriority Creditor's Name 3620 Queen Palm Dr <hr/> Number Street Sabal Pavilion <hr/> Tampa FL 33619 <hr/> City, State, ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -NOWN When was the debt incurred: 05/30/2007 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Other - Civil Action Judgment	\$10,512.10
4.24 Ford Motor Credit Co <hr/> Nonpriority Creditor's Name 3620 Queen Palm Dr <hr/> Number Street Sabal Pavilion <hr/> Tampa FL 33619 <hr/> City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -NOWN When was the debt incurred: 07/27/2007 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Other - Civil Action Judgment	\$10,863.05
4.25 Ford Motor Credit Co <hr/> Nonpriority Creditor's Name 3620 Queen Palm Dr <hr/> Number Street Sabal Pavilion <hr/> Tampa FL 33619 <hr/> City, State, ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -0206 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Deficiency	\$20,150.52

		Total claim
4.26 Gm Financial Nonpriority Creditor's Name P.O. Box 181145 Number Street Arlington TX 76096 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -1809 When was the debt incurred: 11/2015 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Lease - Auto Lease Deficiency	\$6,594.00
4.27 Harrington Memorial Hosp. Nonpriority Creditor's Name 100 South Street Number Street Southbridge MA 01550 City, State, ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -6954 When was the debt incurred: 01/04/2018 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	\$177.67
4.28 Harrington Physician Srvc Nonpriority Creditor's Name PO Box 40 Number Street Southbridge MA 01550 City, State, ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -9380 When was the debt incurred: 07/04/2018 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	\$36.71
4.29 Hugh M. Cooper, MD, PC Nonpriority Creditor's Name 100 South Street Number Street Suite 200 Southbridge MA 01550 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -4810 When was the debt incurred: 03/14/2018 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	\$149.89

	Total claim
<div><div><div>4.30</div><div>Internal Revenue Service</div><div>Nonpriority Creditor's Name</div><div>Attn: Mrs. Couture</div><div>Number Street</div><div>Ste 600 120 Front St.</div><div>Worcester MA 01608</div><div>City, State, ZIP Code</div><div>Who incurred the debt? Check one.</div><div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim is for a community debt</div></div><div>Is the claim subject to offset?</div><div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div><div><div>Last 4 digits of account number:</div><div>\$6,429.29</div></div><div><div>When was the debt incurred: UNKNOWN</div><div>As of the date you file, the claim is: Check all that apply</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div>Type of NONPRIORITY unsecured claim:</div><div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify Taxes - 1040 Federal (2013)</div></div></div></div>	
<div><div><div>4.31</div><div>Internal Revenue Service</div><div>Nonpriority Creditor's Name</div><div>Centralized Insolvency Op.</div><div>Number Street</div><div>Post Office Box 7346</div><div>Philadelphia PA 19101</div><div>City, State, ZIP Code</div><div>Who incurred the debt? Check one.</div><div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim is for a community debt</div></div><div>Is the claim subject to offset?</div><div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div><div><div>Last 4 digits of account number:</div><div>\$7,043.70</div></div><div><div>When was the debt incurred: 12/31/2014</div><div>As of the date you file, the claim is: Check all that apply</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div>Type of NONPRIORITY unsecured claim:</div><div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify Income Taxes (1040 for year 2014)</div></div></div></div>	
<div><div><div>4.32</div><div>Internal Revenue Service</div><div>Nonpriority Creditor's Name</div><div>Attn: Mrs. Couture</div><div>Number Street</div><div>Ste 600 120 Front St.</div><div>Worcester MA 01608</div><div>City, State, ZIP Code</div><div>Who incurred the debt? Check one.</div><div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim is for a community debt</div></div><div>Is the claim subject to offset?</div><div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div><div><div>Last 4 digits of account number:</div><div>\$5,589.93</div></div><div><div>When was the debt incurred: 12/31/2010</div><div>As of the date you file, the claim is: Check all that apply</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div>Type of NONPRIORITY unsecured claim:</div><div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify Income Taxes (1040 for year 2010)</div></div></div></div>	
<div><div><div>4.33</div><div>Internal Revenue Service</div><div>Nonpriority Creditor's Name</div><div>Attn: Mrs. Couture</div><div>Number Street</div><div>Ste 600 120 Front St.</div><div>Worcester MA 01608</div><div>City, State, ZIP Code</div><div>Who incurred the debt? Check one.</div><div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim is for a community debt</div></div><div>Is the claim subject to offset?</div><div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div><div><div>Last 4 digits of account number:</div><div>\$20,277.49</div></div><div><div>When was the debt incurred: 12/31/2015</div><div>As of the date you file, the claim is: Check all that apply</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div>Type of NONPRIORITY unsecured claim:</div><div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify Income Taxes (1040 for 2015)</div></div></div></div>	

	Total claim
4.34 IPFS Corporation <hr/> Nonpriority Creditor's Name PO Box 15089 <hr/> Number Street <hr/> Worcester MA 01615 <hr/> City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -1840 When was the debt incurred: 12/08/2017 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Other
	\$7,559.00
4.35 LINCARE INC <hr/> Nonpriority Creditor's Name PO BOX 9515 <hr/> Number Street <hr/> Buffalo NY 14226 <hr/> City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -9203 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical
	\$33.45
4.36 Lisa Sealey <hr/> Nonpriority Creditor's Name c/o Joseph Lussier, Esq. <hr/> Number Street 484 Main St Ste 420 <hr/> Worcester MA 01608 <hr/> City, State, ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -NOWN When was the debt incurred: 08/31/2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Other - Small Claim Judgment
	\$3,750.00
4.37 MA Dept of Workforce Dev. <hr/> Nonpriority Creditor's Name 19 Staniford St. <hr/> Number Street <hr/> Boston MA 02114 <hr/> City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -7385 When was the debt incurred: UNKNOWN As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Other - Interest and Penalties
	\$1,177.42

	Total claim
<div><div>4.38</div><div>MA Dept of Workforce Dev.</div><div>Nonpriority Creditor's Name</div><div>19 Staniford St.</div><div>Number Street</div><div></div><div>Boston MA 02114</div><div>City, State, ZIP Code</div><div>Who incurred the debt? Check one.</div><div><div><input checked="" type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim is for a community debt</div></div><div>Is the claim subject to offset?</div><div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div> <div><div>Last 4 digits of account number: -7385</div><div>\$4,533.08</div></div> <div><div>When was the debt incurred: UNKNOWN</div><div>As of the date you file, the claim is: Check all that apply</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div>Type of NONPRIORITY unsecured claim:</div><div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify Taxes - (UI and WTF)</div></div></div>	
<div><div>4.39</div><div>MA DOR</div><div>Nonpriority Creditor's Name</div><div>PO Box 7003</div><div>Number Street</div><div></div><div>Boston MA 02204</div><div>City, State, ZIP Code</div><div>Who incurred the debt? Check one.</div><div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim is for a community debt</div></div><div>Is the claim subject to offset?</div><div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div> <div><div>Last 4 digits of account number: -NOWN</div><div>\$1,154.56</div></div> <div><div>When was the debt incurred: UNKNOWN</div><div>As of the date you file, the claim is: Check all that apply</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div>Type of NONPRIORITY unsecured claim:</div><div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify Taxes (State Income Tax Due)</div></div></div>	
<div><div>4.40</div><div>MA DOT</div><div>Nonpriority Creditor's Name</div><div>E-ZDriveMA</div><div>Number Street</div><div>27 Midstate Drive</div><div></div><div>Auburn MA 01501</div><div>City, State, ZIP Code</div><div>Who incurred the debt? Check one.</div><div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim is for a community debt</div></div><div>Is the claim subject to offset?</div><div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div> <div><div>Last 4 digits of account number: -6228</div><div>\$133.75</div></div> <div><div>When was the debt incurred: UNKNOWN</div><div>As of the date you file, the claim is: Check all that apply</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div>Type of NONPRIORITY unsecured claim:</div><div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify Other - Tolls</div></div></div>	
<div><div>4.41</div><div>MA Health Connector</div><div>Nonpriority Creditor's Name</div><div>146 Main Street</div><div>Number Street</div><div></div><div>Worcester MA 01608</div><div>City, State, ZIP Code</div><div>Who incurred the debt? Check one.</div><div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim is for a community debt</div></div><div>Is the claim subject to offset?</div><div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div> <div><div>Last 4 digits of account number: -3088</div><div>\$785.18</div></div> <div><div>When was the debt incurred: UNKNOWN</div><div>As of the date you file, the claim is: Check all that apply</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div>Type of NONPRIORITY unsecured claim:</div><div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify Medical</div></div></div>	

		Total claim
4.42 Mitchell 1 Nonpriority Creditor's Name 25029 Network Place Number Street	Last 4 digits of account number: -4105 When was the debt incurred: 06/01/2018 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Other	\$359.12
Chicago IL 60673 City, State, ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.43 National Grid Nonpriority Creditor's Name P.O. Box 960 Number Street	Last 4 digits of account number: -5086 When was the debt incurred: 06/22/2018 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Utility	\$1,601.47
Northborough MA 01532 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.44 Pratt Trucking Company Nonpriority Creditor's Name PO Box 795 Number Street	Last 4 digits of account number: -9087 When was the debt incurred: 05/30/2018 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Other - Trash Collection	\$120.00
Webster MA 01570 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.45 Santander Consumer Usa Nonpriority Creditor's Name P.O. Box 961245 Number Street	Last 4 digits of account number: -1000 When was the debt incurred: 01/2011 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Automobile	\$12,166.00
Fort Worth TX 76161-1245 City, State, ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

		Total claim
4.46 Shamrock Finance LLC Nonpriority Creditor's Name 74 Bare Hill Road Number Street Groveland MA 01834 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -NOWN When was the debt incurred: 07/26/2018 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Other - Civil Session Judgment	\$35,894.89
4.47 Sims Premier Fitness Nonpriority Creditor's Name 306 Sturbridge Rd Number Street Charlton MA 01507 City, State, ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -NOWN When was the debt incurred: 06/24/2009 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Other - Small Claims Judgment	\$576.00
4.48 Southbridge Credit Union Nonpriority Creditor's Name 222 Main St Number Street Southbridge MA 01550 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -NOWN When was the debt incurred: 12/18/2003 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Other - Small Claim Judgment	\$2,207.05
4.49 U S Dept Of Ed Gsl Atl Nonpriority Creditor's Name P.O. Box 5609 Number Street Greenville TX 75403 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -8804 When was the debt incurred: 11/2008 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Educational	\$5,196.00

		Total claim
4.50 U S Dept Of Ed Gsl Atl Nonpriority Creditor's Name P.O. Box 5609 Number Street Greenville TX 75403 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -9267 When was the debt incurred: 11/2008 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Educational	\$10,696.00
4.51 Verizon Nonpriority Creditor's Name P.O. Box 650584 Number Street Dallas TX 75265 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -8924 When was the debt incurred: 10/2015 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Agriculture	\$233.00
4.52 Vincent Oil Company, Inc. Nonpriority Creditor's Name 34 Newman Ave. Number Street Southbridge MA 01550 City, State, ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -NOWN When was the debt incurred: 12/12/2006 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Other - Civil Action Judgement	\$5,850.22
4.53 Vincent Oil Company, Inc. Nonpriority Creditor's Name 34 Newman Ave. Number Street Southbridge MA 01550 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -NOWN When was the debt incurred: 06/28/2012 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Other - Small Claims Judgement	\$7,472.42

	Total claim
4.54 Vincent Oil Company, Inc. Nonpriority Creditor's Name 34 Newman Ave. Number Street Southbridge MA 01550 City, State, ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 4.55 Worcester T&G Nonpriority Creditor's Name 100 Front Street Number Street Floor 5 Worcester MA 01608 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 4.56 Yellowstone Capital LLC Nonpriority Creditor's Name 1 Evertrust Plaza Number Street Jersey City NJ 07302 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -NOWN When was the debt incurred: 11/20/2008 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Other - Small Claims Mediation Order Last 4 digits of account number: -NOWN When was the debt incurred: 03/21/2011 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Other - Small Claim Judgement Last 4 digits of account number: -NOWN When was the debt incurred: 10/10/2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal Loan

Part 3: List Others to Be Notified for a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

1
AtT Mobility
Creditor's Name
Sunrise Credit Srvc
Number Street
260 Airport Plaza

Farmingdale NY 11735
City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

2 AtT Mobility Creditor's Name 260 Airport Plaza Blvd Number Street Farmingdale NY 11735 City, State, ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.2</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:
3 Capital One Creditor's Name 1680 Capital One Dr. Number Street Mc Lean VA 22102 City, State, ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.7</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:
4 Capital One Creditor's Name 1680 Capital One Dr. Number Street Mc Lean VA 22102 City, State, ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.5</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:
5 Capital One Creditor's Name 1680 Capital One Dr. Number Street Mc Lean VA 22102 City, State, ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.4</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:
6 Capital One Creditor's Name 1680 Capital One Dr. Number Street Mc Lean VA 22102 City, State, ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.6</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:
7 Capital One Bank Usa N Creditor's Name P.O. Box 30281 Number Street Salt Lake City UT 84130 City, State, ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.6</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:

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8 Capital One Bank Usa N Creditor's Name P.O. Box 30281 Number Street Salt Lake City UT 84130 City, State, ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.4</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:
9 Capital One Bank Usa N Creditor's Name P.O. Box 30281 Number Street Salt Lake City UT 84130 City, State, ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.5</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:
10 Capital One Bank Usa N Creditor's Name P.O. Box 30281 Number Street Salt Lake City UT 84130 City, State, ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.7</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:
11 Capital One Bank USA NA Creditor's Name Client Services Inc Number Street 3451 Harry S Truman Blvd. Saint Charles MO 63301 City, State, ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.9</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:
12 Capital One Bank USA NA Creditor's Name 1680 Capital One Dr Number Street Mc Lean VA 22102 City, State, ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.8</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:
13 Capital One Bank USA NA Creditor's Name Client Services Inc Number Street 3451 Harry S Truman Blvd. Saint Charles MO 63301 City, State, ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.8</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:

14
Capital One Bank USA NA
Creditor's Name
1680 Capital One Dr
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Mc Lean VA 22102
City, State, ZIP Code

15
Capital One Bank USA NA
Creditor's Name
Client Services Inc
Number Street
3451 Harry S Truman Blvd.

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Saint Charles MO 63301
City, State, ZIP Code

16
Capital One Bank USA NA
Creditor's Name
1680 Capital One Dr
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Mc Lean VA 22102
City, State, ZIP Code

17
Collection
Creditor's Name
120 Corporate Blvd Ste 100
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Norfolk VA 23502
City, State, ZIP Code

18
Collection
Creditor's Name
120 Corporate Blvd Ste 100
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Norfolk VA 23502
City, State, ZIP Code

19
Credit One Bank Na
Creditor's Name
P.O. Box 98872
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Las Vegas NV 89193
City, State, ZIP Code

20

Credit One Bank Na

Creditor's Name

P.O. Box 98872

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Las Vegas NV 89193

City, State, ZIP Code

21

Credit Protection Association, L.P.

Creditor's Name

13355 Noel Road

Number Street

Suite 2100

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.43 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Dallas TX 75240

City, State, ZIP Code

22

Discover Fin Svcs Llc

Creditor's Name

POB 15316

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.17 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Wilmington DE 19850

City, State, ZIP Code

23

Dudley District Ct.

Creditor's Name

Re: 364SC000421

Number Street

279 West Main Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.48 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Dudley MA 01571

City, State, ZIP Code

24

Dudley District Ct.

Creditor's Name

Re: 264SC000110

Number Street

279 West Main Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.18 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Dudley MA 01571

City, State, ZIP Code

25

Dudley District Ct.

Creditor's Name

Re: 964SC0000665

Number Street

279 West Main Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.47 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Dudley MA 01571

City, State, ZIP Code

26

Dudley District Ct.

Creditor's Name

Re: 1064SC001414

Number Street

279 West Main Street

Dudley MA 01571

City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.55 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

27

Dudley District Ct.

Creditor's Name

Re: 664CV000320

Number Street

279 West Main Street

Dudley MA 01571

City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.52 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

28

Dudley District Ct.

Creditor's Name

Re: 1264SC000175

Number Street

279 West Main Street

Dudley MA 01571

City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.53 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

29

Dudley District Ct.

Creditor's Name

Re: 1764SC1240

Number Street

279 West Main Street

Dudley MA 01571

City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

30

Dudley District Ct.

Creditor's Name

Re: 764CV000243

Number Street

279 West Main Street

Dudley MA 01571

City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.23 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

31

Dudley District Ct.

Creditor's Name

Re: 764SP000031

Number Street

279 West Main Street

Dudley MA 01571

City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.54 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

32 Dudley District Ct. Creditor's Name Re: 764CV000266 Number Street 279 West Main Street Dudley MA 01571 City, State, ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.24</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:
33 Dudley District Ct. Creditor's Name Re: 1664SC000379 Number Street 279 West Main Street Dudley MA 01571 City, State, ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.36</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:
34 ERC Creditor's Name 8014 Bayberry Rd. Number Street Jacksonville FL 32256 City, State, ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.1</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:
35 First Down Funding Creditor's Name 27 Maryland Ave. Number Street Annapolis MD 21401 City, State, ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.20</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:
36 Frank J. Maier, Esq. Creditor's Name 500 Main St. Number Street Suite 580 Worcester MA 01608 City, State, ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.55</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:
37 Frank J. Maier, Esq. Creditor's Name 500 Main St. Number Street Suite 580 Worcester MA 01608 City, State, ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.18</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number:

38

Frank J. Maier, Esq.

Creditor's Name

500 Main St.

Number Street

Suite 580

Worcester MA 01608

City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.48 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

39

Internal Revenue Service

Creditor's Name

Attn: Mrs. Couture

Number Street

Ste 600 120 Front St.

Worcester MA 01608

City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.31 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

40

James J. McNutty, Esq.

Creditor's Name

40 Court St.

Number Street

Ste. 1150

Boston MA 02108

City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.46 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

41

Jennie Lynn Caissie, Esq.

Creditor's Name

Michael V. Caplette

Number Street

Three Bowlen Ave

Southbridge MA 01550

City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.54 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

42

John Morgan

Creditor's Name

Lincoln & Morgan, LLC

Number Street

600 W Broadway St 700

San Diego CA 92101

City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.20 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

43

Kenneth C. Wilson, Esq.

Creditor's Name

Lustig Glaser&Wilson, PC

Number Street

245 Winter St

Waltham MA 02451

City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.23 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

44

Kenneth C. Wilson, Esq.

Creditor's Name

Lustig Glaser & Wilson, PC

Number Street

245 Winter St

Waltham MA 02451

City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.24 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

45

Lustig, Glasser & Wilson, P.C.

Creditor's Name

File #1A866

Number Street

PO Box 549287

Waltham MA 02454

City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.25 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

46

Michael V. Caplette, Esq.

Creditor's Name

Three Bowlen Ave

Number Street

Southbridge MA 01550

City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.53 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

47

Michael V. Caplette, Esq.

Creditor's Name

Three Bowlen Ave

Number Street

Southbridge MA 01550

City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.52 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

48

National Grid

Creditor's Name

National Grid

Number Street

P.O. Box 960

Northborough MA 01532-0960

City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.43 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

49

Salem Distrcit Court

Creditor's Name

Re: 1836CV000363

Number Street

56 Federal St

Salem MA 01970

City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.46 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

50
Southbridge Credit Union
Creditor's Name
44445 Lake Forest Dr
Number Street
Suite 350
Cincinnati OH 45242
City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.48 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number:

51
Springfield District Ct.
Creditor's Name
Re: 1823CV433
Number Street
50 State Street
Springfield MA 01103
City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.19 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number:

52
Yellowstone Capital LLC
Creditor's Name
30 Broad Street
Number Street
14th Floor, Ste 1462
New York NY 10004
City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.56 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number:

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated.....	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.....	6d. <u>\$0.00</u>
	6e. Total Add lines 6a through 6d.	6e. <u>\$0.00</u>
Total claims from Part 2	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts.....	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.....	6i. <u>\$257,823.54</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$257,823.54</u>

Fill in this information to identify your case:

Debtor 1 Roland W. Tremblay Jr.

Debtor 2 Lisa J. Tremblay
(Spouse, if filing)

United States Bankruptcy Court for the District of Massachusetts

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
☐ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

Fill in this information to identify your case:

Debtor 1 Roland W. Tremblay Jr.

Debtor 2 Lisa J. Tremblay
(Spouse, if filing)

United States Bankruptcy Court for the District of Massachusetts

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)
☒ No
☐ Yes
2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
☒ No
☐ Yes. In which community state or territory did you live? . Fill in the name and current address of that person.
3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply

Fill in this information to identify your case:

Debtor 1 Roland W. Tremblay Jr.

Debtor 2 Lisa J. Tremblay
(Spouse, if filing)

United States Bankruptcy Court for the District of Massachusetts

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
☐ A supplement showing post-petition chapter 13 income as of

Official Form 106I
Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Occupation

Employer's name

Employer's address

How long employed there?

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☒ Employed
☐ Not employed

Support Engineer

United Medical Systems De, Inc.

1700 West Park Drive
Westborough, MA 01581

Debtor 2 or non-filing spouse

- ☒ Employed
☐ Not employed

Caregiver

Social Security Disability

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Including your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$5,677.34	\$788.50
3. Estimate and list monthly overtime pay.	\$0.00	\$0.00
4. Calculate gross income. Add line 2 + line 3.	\$5,677.34	\$788.50
5. List All payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	\$686.61	\$0.00
5b. Mandatory contributions for retirement plans	\$0.00	\$0.00
5c. Voluntary contributions for retirement plans	\$0.00	\$0.00
5d. Required repayments of retirement fund loans	\$0.00	\$0.00
5e. Insurance	\$330.89	\$135.50
5f. Domestic support obligations	\$0.00	\$0.00
5g. Union dues	\$0.00	\$0.00
5h. Other deductions. Specify:	\$0.00	\$0.00
6. Add the payroll deductions. Add lines 5a through 5h	\$1,017.51	\$135.50
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	\$4,659.83	\$653.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	\$0.00	\$0.00
8b. Interest and dividends	\$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	\$0.00	\$0.00
8d. Unemployment compensation	\$0.00	\$0.00
8e. Social Security	\$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	\$0.00	\$0.00
8g. Pension or retirement income	\$0.00	\$0.00
8h. Other monthly income. Specify:	\$0.00	\$0.00
9. Add all other income. Add lines 8a-8h.	\$0.00	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 9 for Debtor 1 and Debtor 2 or non-filing spouse.	\$5,312.83	

11. State all other regular contributions to the expenses that you list in *Schedule J* (Official Form 106J).

11. \$601.58

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in *Schedule J* (Official Form 106J).

Specify: **Disabled Child Income from SSI \$514.00; Disabled Child Income from MA \$87.58**

12. Add the amounts on lines 10 and 11. The result is the combined monthly income. Also write that amount on the *Summary of Your Assets and Liabilities and Certain Statistical Information* (Official Form 106Sum) if it applies.

12. \$5,914.41

13. Do you expect an increase or decrease within the year after you file this form?

☒ No
☐ Yes.
Explain.....

Fill in this information to identify your case:

Debtor 1 Roland W. Tremblay Jr.

Debtor 2 Lisa J. Tremblay
(Spouse, if filing)

United States Bankruptcy Court for the District of Massachusetts

Case number _____
(If known)

Check if this is:
☐ An amended filing
☐ A supplement showing post-petition chapter 13 expenses as of

Official Form 106J Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No.
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*

2. Do you have dependents?

Do not list Debtor 1 or Debtor 2. ☐ No

Do not state the dependents' names. ☒ Yes. Fill out this information for each dependent

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Disabled Daughter	26	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as your bankruptcy filing date unless you are using this form as supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date

Include expenses paid for with non-cash governmental assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I).

Note: Expenses for property other than the debtor(s)' primary residence(s), if any, are reported in the Summary of Business/Real-Estate Income & Expense annexed to Schedule I.

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. **\$1,386.00**

If not included in line 4:

4a. Real estate taxes

4a.

4b. Property, homeowner's, or renter's insurance

4b.

4c. Home maintenance, repair, and upkeep expenses

4c.

		Your expenses
4d.	Homeowner's association or condominium dues	
5.	Additional mortgage payments for your residence, such as home equity loans	
6.	Utilities:	
6a.	Electricity, heat, natural gas	\$220.00
6b.	Water, sewer, garbage collection	\$85.33
6c.	Telephone, cell phone, Internet, satellite, and cable services	\$531.17
6d.	Other. Specify:	
	Home Maintenance and Upkeep	\$100.00
	Amazon Prime	\$12.99
	Pellet Stove Heat	\$75.00
7.	Food and housekeeping supplies	\$1,350.00
8.	Childcare and children's education costs	
9.	Clothing, laundry, and dry cleaning	\$300.00
10.	Personal care products and services	\$75.00
11.	Medical and dental expenses	\$145.50
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	\$288.66
13.	Entertainment, clubs, recreation, newspapers, magazine, and books	\$75.00
14.	Charitable contributions and religious donations	
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	\$60.00
15b.	Health insurance	\$32.00
15c.	Vehicle insurance	\$90.18
15d.	Other insurance. Specify: N/A	
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	
	Past Income Taxes Owed	\$441.66
17.	Installment or lease payments	
17a.	Automobile (2015 Dodge Caravan)	\$350.04
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I (Official Form 106I)	
19.	Other payments you make to support others who do not live with you. Specify: N/A	
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I (Official Form 106I)	
20a.	Mortgages on other property	
20b.	Real estate taxes	

		Your expenses
20c. Property, homeowner's, or renter's insurance	20c.	
20d. Maintenance, repair, and upkeep expenses	20d.	
20e. Homeowner's association or condominium dues	20e.	
20f. Other. Specify:	20f.	
21. Other. Specify: N/A	21.	
22. Calculate your monthly expenses.		
22a. Add lines 4 through 21.	22a.	\$5,618.53
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	
22c. Add line 22a and 22b. The result is your monthly expenses.	22c.	\$5,618.53
23. Calculate your monthly net income		
23a. Copy line 12 (your combined monthly income) from Schedule I	23a.	\$5,914.41
23b. Copy your monthly expenses from line 22 above.	23b.	\$5,618.53
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income	23c.	\$295.88
24. Do you expect an increase or decrease in your expenses within the year after you file this form?		
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Explain.....		

Fill in this information to identify your case:

Debtor 1 Roland W. Tremblay Jr.

Debtor 2 Lisa J. Tremblay
(Spouse, if filing)

United States Bankruptcy Court for the District of Massachusetts

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of person N/A. Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ Roland W. Tremblay Jr.
Signature of Debtor 1

03/11/2019
Date

/s/ Lisa J. Tremblay
Signature of Debtor 2

03/11/2019
Date

Fill in this information to identify your case:

Debtor 1 Roland W. Tremblay Jr.

Debtor 2 Lisa J. Tremblay
(Spouse, if filing)

United States Bankruptcy Court for the District of Massachusetts

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 107
Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1	Dates Debtor 1 lived there	Debtor 2	Dates Debtor 2 lived there
13 Mill Street, Apt. 7 Warren, MA 01083	UNKNOWN to 09/2015	<input type="checkbox"/> Same as Debtor 1 13 Mill St, Apt 7, Warren, MA	<input type="checkbox"/> Same as Debtor 1 UNKNOWN to 09/2015

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?
(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	Sources of income Check all that apply <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<u>\$10,576.94</u>	

	Sources of income Check all that apply	Gross income (before deductions and exclusions)	Sources of income Check all that apply	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2018)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<u>\$35,329.88</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For the calendar year before that: (January 1 to December 31, 2017)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<u>\$17,485.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?
 Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below	Gross income from each source (before deductions and exclusions)	Sources of income Describe below	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Seven Hills (Disabled Foster Child Care)	<u>\$4,246.20</u>	SSI	<u>\$2,365.50</u>
For last calendar year: (January 1 to December 31, 2018)	Seven Hills (Disabled Foster Child Care)	<u>\$16,984.80</u>	SSI	<u>\$9,204.00</u>
For the calendar year before that: (January 1 to December 31, 2017)				

Part 3:

List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425.00* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,425.00* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 04/01/2019 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Guild Mortgage Company P.o. Box 85304 San Diego, CA 92186	12/2018	\$2,772.04	\$177,403.00	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments that benefited an insider.

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details

Case title	Nature of the case	Court or agency	Status of the case
Shamrock Finance, LLC v. All Wheels Detailing & Auto Sales, Inc. and , No. 1836CV0863	Civil Proceeding for Money Damages Under Contract	Salem Distrcit Court 56 Federal St Salem, MA 01970	Pending Request for 55(b)(1)Default Judgement

Case title	Nature of the case	Court or agency	Status of the case
Emily Montalvo vs. All Wheels Detailing & Auto Sales, Inc., et. al. (Roland Tremblay and Lisa Tremblay), No. 1823-CV-443	Civil Breach of Contract	Springfield District Court 50 State Street Springfield, MA 01103	Unknown

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

- ☐ No. Go to line 11.
☒ Yes. Fill in the information below.

Creditor	Describe the property and explain what happened	Date	Value of the property
IRS Attn: Mrs. Couture Ste 600 120 Front St. Worcester, MA 01608	Tax Levi on Account XXXXX7564 <input type="checkbox"/> Property was repossessed <input type="checkbox"/> Property was foreclosed <input type="checkbox"/> Property was garnished <input checked="" type="checkbox"/> Property was attached, seized, or levied	07/03/2018	\$1,706.77
IRS Attn: Mrs. Couture Ste 600 120 Front St. Worcester, MA 01608	Tax Levy on IRS Tax Refund <input type="checkbox"/> Property was repossessed <input type="checkbox"/> Property was foreclosed <input type="checkbox"/> Property was garnished <input checked="" type="checkbox"/> Property was attached, seized, or levied	10/09/2018	\$4,289.00

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes. Fill in the details of each gift or contribution

Part 6: List Certain Losses

- 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**
☒ No
☐ Yes. Fill in the details

Part 7: List Certain Payments or Transfers

- 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**
 Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.
☐ No
☒ Yes. Fill in the details

Person who was paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Ginger B. Kelly, Esq. 167 Carpenter Hill Road Charlton, MA 01507 Email or website address: AttorneyGingerKelly@gmail.com Person Who Made the Payment if Not You:	Expense & fee retainer (including any retainer for the filing fee)	07/02/2018	\$2,335.00
Email or website address: DebtorCC.org Person Who Made the Payment if Not You:	Fee for § 109(h)(1) briefing by approved nonprofit budget and credit counseling agency	02/25/2019	\$14.95
The Law Offices of Ginger B. Kelly 167 Carpenter Hill Rd. Charlton, MA 01507 Email or website address: AttorneyKelly.com Person Who Made the Payment if Not You:		07/02/2018	\$2,335.00

- 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**
 Do not include any payment or transfer that you listed on line 16.
☒ No
☐ Yes. Fill in the details.
- 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**
 Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.
☒ No
☐ Yes. Fill in the details
- 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?** (These are often called *asset-protection devices*.)
☒ No
☐ Yes. Fill in the details

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☒ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☐ No. None of the above applies. Go to Part 12.
☒ Yes. Check all that apply above and fill in the details below for each business.

Business name and address	Describe the nature of the business and identify the accountant or bookkeeper	Employer identification number (Do not include SSN or ITIN) Dates business existed
All Wheels Detailing & Auto Sales, Inc. 496 Washington Street Auburn, MA 01501	Auto Detailing and Auto Sales Joseph P Lussier, CPA 484 Main Street Suite 420 Worcester, MA 01608	47-3965656 05/11/2015 to 03/05/2019

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
☐ Yes. Fill in the details below.

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Roland W. Tremblay Jr.
Signature of Debtor 1

03/11/2019
Date

/s/ Lisa J. Tremblay
Signature of Debtor 2

03/11/2019
Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

- ☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of person **N/A -- the BkAssist software used to prepare this petition is licensed for use only by attorneys.**

Fill in this information to identify your case:

Debtor 1 Roland W. Tremblay Jr.

Debtor 2 Lisa J. Tremblay
(Spouse, if filing)

United States Bankruptcy Court for the District of Massachusetts

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Hold Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Guild Mortgage Company 32 Crestwood Drive, Southbridge, MA 01550	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: Continue to pay the obligation as permitted by applicable non-bankruptcy law	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Workers Credit Union 2015 Dodge Caravan	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: Continue to pay the obligation as permitted by applicable non-bankruptcy law	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property lease	Will the lease be assumed?
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Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

/s/ Roland W. Tremblay Jr.

Signature of Debtor 1

03/11/2019

Date

/s/ Lisa J. Tremblay

Signature of Debtor 2

03/11/2019

Date

**United States Bankruptcy Court
District of Massachusetts
Worcester Division**

In re: **Tremblay, Roland and Lisa**

Case No.

VERIFICATION OF CREDITOR MATRIX

I(we) verify that the attached list of creditors and the matrix file to be uploaded in this case are true and complete to the best of my(our) knowledge.

/s/ Roland W. Tremblay Jr.
Debtor

03/11/2019
Date

/s/ Lisa J. Tremblay
Joint Debtor

03/11/2019
Date

At T Directv
PO Box 57547
Jacksonville, FL 32241

AtT Mobility
260 Airport Plaza Blvd
Farmingdale, NY 11735

AtT Mobility
PO Box 6463
Carol Stream, IL 60197

AtT Mobility
Sunrise Credit Srvs
260 Airport Plaza
Farmingdale, NY 11735

Cahill's Tire Center, Inc
33 Sutton Avenue
Oxford, MA 01540

Capital One
1680 Capital One Dr.
Mc Lean, VA 22102

Capital One
Attn: Bankruptcy
P.O. Box 30285
Salt Lake City, UT 84130

Capital One Bank USA N
P.O. Box 30281
Salt Lake City, UT 84130

Capital One Bank USA NA
1680 Capital One Dr
Mc Lean, VA 22102

Capital One Bank USA NA
Client Services Inc
3451 Harry S Truman Blvd.
Saint Charles, MO 63301

Capital One Bank USA NA
PO Box 30281
Salt Lake City, UT 84130

Charles Tuite
PO Box 543
Northborough, MA 01532

Collection
120 Corporate Blvd Ste 100
Norfolk, VA 23502

Collection
476 W Vermont Ave
Escondido, CA 92025

Commonwealth of Mass
Dpt. of Unemplmt Assistance
19 Standord St.
Boston, MA 02114

Credit One Bank Na
Attn: Bankruptcy
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Las Vegas, NV 89193

Credit One Bank Na
P.O. Box 98872
Las Vegas, NV 89193

Credit Protection Association, L.P.
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Dr. Bruce S. Fieldman
48 Auburn St.
Auburn, MA 01501

Dudley District Ct.
Re: 1064SC001414
279 West Main Street
Dudley, MA 01571

Dudley District Ct.
Re: 1264SC000175
279 West Main Street
Dudley, MA 01571

Dudley District Ct.
Re: 1664SC000379
279 West Main Street
Dudley, MA 01571

Dudley District Ct.
Re: 1764SC1240
279 West Main Street
Dudley, MA 01571

Dudley District Ct.
Re: 264SC000110
279 West Main Street
Dudley, MA 01571

Dudley District Ct.
Re: 364SC000421
279 West Main Street
Dudley, MA 01571

Dudley District Ct.
Re: 664CV000320
279 West Main Street
Dudley, MA 01571

Dudley District Ct.
Re: 764CV000243
279 West Main Street
Dudley, MA 01571

Dudley District Ct.
Re: 764CV000266
279 West Main Street
Dudley, MA 01571

Dudley District Ct.
Re: 764SP000031
279 West Main Street
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Dudley District Ct.
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First Premier Bank
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Guild Mortgage Company
P.O. Box 85304
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Harrington Memorial Hosp.
100 South Street
Southbridge, MA 01550

Harrington Physician Srvc
PO Box 40
Southbridge, MA 01550

Hugh M. Cooper, MD, PC
100 South Street
Suite 200
Southbridge, MA 01550

Internal Revenue Servic
Attn: Mrs. Couture
Ste 600 120 Front St.
Worcester, MA 01608

Internal Revenue Service
Attn: Mrs. Couture
Ste 600 120 Front St.
Worcester, MA 01608

Internal Revenue Service
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Internal Revenue Service
Centralized Insolvency Op.
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Pratt Trucking Company
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Webster, MA 01570

Salem Distrcit Court
Re: 1836CV000363
56 Federal St
Salem, MA 01970

Santander Consumer Usa
P.O. Box 961245
Fort Worth, TX 76161-1245

Shamrock Finance LLC
74 Bare Hill Road
Groveland, MA 01834

Sims Premier Fitness
306 Sturbridge Rd
Charlton, MA 01507

Southbridge Credit Union
222 Main St
Southbridge, MA 01550

Southbridge Credit Union
44445 Lake Forest Dr
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Cincinnati, OH 45242

Springfield District Ct.
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50 State Street
Springfield, MA 01103

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Greenville, TX 75403

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Dallas, TX 75265

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